

Joint Appraisal Report

When submitting this report, the country confirms that the grant performance framework has been reviewed as part of this joint appraisal. Performance against agreed metrics has been analysed and explained where relevant.

Country	Bolivia
Reporting period	2015
Fiscal period	December 2015
If the country reporting period deviates from the fiscal period, please provide a brief explanation.	The closing period for the project was not defined at the outset. Furthermore, the date was coordinated with the Senior Country Manager.
Comprehensive Multi Year Plan (cMYP) duration	5 years
National Health Strategic Plan (NHSP) duration	10 years

1. SUMMARY OF RENEWAL REQUESTS

Programme	Recommendation	Period	Target	Indicative amount paid by country	Indicative amount paid by Gavi
NVS – PCV in existing presentation	Extension	2017	Immunize children <1 year of age	US\$ 1,545,583	US\$ 800,000
NVS – IPV in existing presentation	Renewal	2017	Immunise children <1 year of age	NA	US\$ 604,500

Indicate interest to introduce new vaccines or HSS with Gavi support*	Programme	Expected application year	Expected introduction year
	HPV	2016	2017
	HSS 2	2015	2016

*Not applicable for countries in their final year of Gavi support

2. COUNTRY CONTEXT

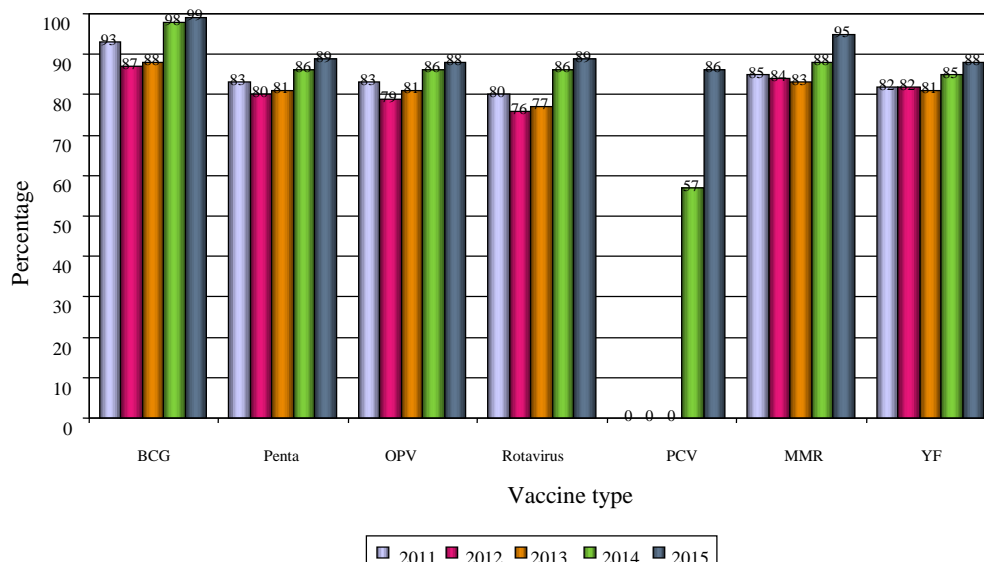
The Plurinational State of Bolivia is committed to free and universal vaccine access, with immunisation for all children backed by state funds. The national political priority is to build a Single Health System (SUS) and an Intercultural Community and Family Health (SAFCI) policy by expanding social participation in the planning, implementation, administration, monitoring and social control of health programmes and projects. Bolivia also aims to encourage dialogue between health institutions and the population to realise its vision of wellbeing for all groups.

The Bolivian Expanded Programme on Immunisation (EPI) seeks to ensure immunisation for vulnerable groups within the Bolivian population in order to prevent, control and monitor vaccine-preventable diseases (VPDs) in accordance with the national immunisation schedule.

Starting in 2008, Bolivia received funding support through Gavi for introduction of the rotavirus, pneumococcal and inactivated polio vaccines into the routine immunisation schedule for infants under 1 year of age – some 243,613 children in 2015. According to administrative data from the National Health Information System – Epidemiological Surveillance (NHIS – ES, 2015), the coverage rate for the third dose of pentavalent vaccine (Penta3) was 89%, while the pentavalent dropout rate remained unchanged from 2014 at 9%. The coverage rate for the second dose of rotavirus vaccine (Rota2) was 88.7% and for the third dose of pneumococcal vaccine (PCV3) was 86.1% (EPI). WHO-UNICEF's immunisation monitoring system estimated the following vaccination coverage rates for 2015: tuberculosis (BCG), 99%;

third dose of oral polio vaccine (OPV3), 99%; Penta3, 99%; PCV3, 86%; Rota2, 99%; measles, mumps and rubella (MMR), 99%; and yellow fever (YF), 91%.

Table 1
National immunisation coverage, 2011-2015



Source: EPI, 2015.

In terms of the epidemiological surveillance of measles and rubella, compliance with surveillance indicators decreased, with a notification rate of 1.1% for the reporting of suspected cases.

The notification rate for cases of acute flaccid paralysis in 2015 was 0.98%. To address these challenges, the EPI has been carrying out actions aimed at strengthening the epidemiological surveillance of VPDs, such as updating national standards, providing motivational and training sessions for operations staff, and updating interactive CDs.

Sentinel surveillance of rotavirus, pneumonia and meningitis is conducted by designated staff at different hospitals at the national level.

New and underused vaccines support (NVS) for 2015 is detailed below:

Table 2
Overall immunisation expenditure and funding from all sources (government and donors)

Component	Annual external funding						Annual national funding						Overall total	
	PAHO	UNICEF	Gavi	Intl. org.	Bilateral org.	Total expenditure per external source	Government (non-credit)	Social security	Loans		Other	Total expenditure per national source		
									WB	IDB		Amount		%
1. Biologicals and supplies	0	0	521,759.7	0	0	521,759.70	15,618,550	0	0	0	0	15,618,550	96.8	16,140,309
1.1. Vaccines			521,759.7	0	0	521,759.70	14,690,439.80					14,690,439.80	96.6	15,212,199
1.2. Syringes						0	928,109.86					928,109.86	100	928,109.90
1.3. Supplies						0								0
2. Cold chain	18,734					18,734	68,332.88					68,332.88	78.5	87,066.88
3. Training	19,990	12,509.92				32,499.92								32,499.92
4. Communication and social mobilisation		15,427.44				15,427.44								15,427.44
5. Operating expenses	27,438		332,118			359,556	129,853.50					129,853.50	26.5	489,409.50
6. Supervision and monitoring						0	39,750.29					39,750.29	100	39,750.29
7. Surveillance	4,997					4,997	62,988.02					62,988.02	92.6	67,985.02
8. Research	8,000	3,340.51				11,340.51								11,340.51
9. Evaluation	8,528.73	3,089.94				11,618.67	32,039.94					32,039.94	73.4	43,658.61
10. Health information systems						0								0
11. Political priority and legal bases						0								0
12. Planning and coordination						0								0
Total	87,687.73	34,367.81	853,877.70	0	0	975,933.24	15,951,514.30	0	0	0	0	15,951,514.30	94.2	16,927,448

Source: PAHO-UNICEF tables, 2015.

Another Gavi supported component, Gavi-HSS, with interventions in 37 municipalities around the country, focuses on health system strengthening and maternal and child healthcare services with two strategic objectives:

- Reorganising the health service networks and improving the quality of healthcare and health management capacity in the 37 priority municipalities.
- Strengthening interventions for health promotion and disease prevention in maternal and child health through a community and intercultural approach that empowers communities in the priority municipalities in the area of healthcare responsibility.

In 2015, the following progress was achieved: a 21.33% decline in early pregnancy; 87.51% coverage of institutional deliveries; 9% pentavalent dropout rate; 100% of health staff trained on and applying integrated maternal and child healthcare standards with an emphasis on immunisation and quality management; 100% of municipalities had municipal health boards; 100% of management agreements between municipalities, departmental health services (SEDES) and the Ministry of Health in support of health service network activities featured integrated healthcare with an emphasis on immunisation (68% in the Gavi-HSS Project Archive); and 68% of network facilities had basic equipment for integrated healthcare with an emphasis on immunisation (cumulative).

Gavi allocated funding of US\$ 2,063,149.53 (2009-2015), which was executed according to the proposed budget, as detailed in the following table.

Table 3
Budget allocation and execution for GAVI-HSS project
(expressed in bolivianos)

Detail	Budget execution, source 42-230						
	2009	2010	2011	2012	2013	2014	2015
Periods							
Staff services	0.00	0.00	0.00	24,749.56	82,316.17	104,802.24	177,741.73
Non-staff services	0.00	0.00	47,900.00	12,450.00	12,799.95	8,895.78	11,036.81
Materials and supplies	0.00	88,869.00	22,900.00	44,034.55	55,940.00	97,697.40	38,760.50
Real assets	0.00	89,444.00	55,379.52	17,661.00	0.00	0.00	0.00
Total executed	0.00	178,313.00	126,179.52	98,895.11	151,056.12	211,395.42	227,539.04
Budgeted for the period	0.00	294,000.00	244,000.00	244,000.00	244,000.00	244,000.00	248,247.00
Budget balance	0.00	115,687.00	117,820.48	145,104.89	92,943.88	32,604.58	20,707.96
Percentage executed	0.00%	60.65%	51.71%	40.53%	61.91%	86.64%	91.66%

Source: Gavi-HSS Project/Ministry of Health, 2015.

Detail	Budget execution, source 80-729						
	2009	2010	2011	2012	2013	2014	2015
Periods							
Non-staff salaries	249,971.03	891,141.00	1,116,163.77	527,447.25	936,720.20	1,099,095.38	1,105,359.36
Materials and supplies	44,801.19	179,292.39	559,437.42	60,536.30	195,900.40	168,039.63	221,061.34
Real assets	286,727.70	2,932,298.90	1,670,031.00		853,800.00	724,522.00	465,900.00
Total executed	581,499.92	4,002,732.29	3,360,132.19	587,983.55	1,986,420.60	1,991,657.01	1,792,320.70
Budgeted for the period	3,859,573.00	4,881,863.00	4,881,863.00	1,319,681.00	2,493,436.00	2,659,480.00	2,122,582.00
Budget balance	3,278,073.08	879,130.71	1,521,730.81	731,697.45	507,015.40	667,822.99	330,261.30
Percentage executed	15.07%	81.99%	68.83%	44.55%	79.67%	74.89%	84.44%

Source: Gavi-HSS Project/Ministry of Health, 2015.

3. GRANT PERFORMANCE AND CHALLENGES

3.1. New and underused vaccines support

3.1.1. Grant performance, lessons and challenges

Performance

- Immunisation coverage for the third dose of the pneumococcal vaccine reached 86%, exceeding the expected coverage rate of 85%. The impact of the pneumococcal vaccine on the under-5 population will be evaluated in 2018.
- The dropout rate between the first and third doses of pentavalent vaccine (Penta1–Penta3) stands at 9% according to programme data and 4.7% according to the National Immunisation Coverage Survey (ENCOVA).
- Since the rotavirus vaccine was first introduced, cases of severe rotavirus diarrhoea have declined by 50%.
- Under the Transition Plan, it is expected that strategic departmental and municipal management agreements will be pursued to reduce the coverage gap that exists between urban and rural areas (there are problems with population allocation due to the overestimation and underestimation of denominators).
- Epidemiological surveillance systems for VPDs comply with international indicators, addressing the challenges in maintaining the elimination of measles and rubella, as well as the commitment to the global eradication of polio.
- A review by authorities from the National Directorate of Vehicle Theft Prevention (DIPROVE) noted that there is no inconsistency with the registration number of the first refrigerated vehicle, and a process of clarification is underway by the pertinent legal authority, with on-going follow-up by the Ministry of Health through the Public Prosecutor's Office.
- Co-financing for the introduction of the rotavirus and pneumococcal vaccines was submitted to PAHO/WHO in a timely manner by the Bolivian government.
- There were delays in the execution of funding allocated to the introduction of the inactivated polio vaccine (IPV), which was implemented in 2016.
- The IPV was introduced in 2016 due to delays in health personnel training and a late, partial delivery of the vaccine by the manufacturer.
- Bolivia receives Gavi funding for the introduction of new vaccines and support from Gavi partners for other activities related to programme management strengthening.

Lessons learned

- Better coordination, monitoring and partnerships at the departmental, municipal and local levels led to improvements in immunisation coverage.
- Intensified training of health personnel on standards, coverage analysis and possible causes of non-immunisation helped to reduce missed opportunities for vaccination.
- Progress has been made on removing socio-cultural barriers to the administration of more than one vaccine simultaneously by promoting immunisation and working with parents and the public.
- Implemented policies have strengthened mutual cooperation between health personnel and the community, enabling real and effective participation of organised civil society, with SAFCI policy implementation.
- The supervision and monitoring of coverage rates and standards compliance as well as on-site support resulted in strong commitment and leadership from health personnel, contributing to improved compliance across a wide range of activities.
- Technical advice from the National Committee on Immunisation strengthened programme performance across the board.

Challenges

- Engaging national authorities to improve the administrative procedures of partners that delay the implementation of activities within established timeframes.
- Implementing the use of individual immunisation records to strengthen data quality.
- Strengthening vaccine promotion and social communication activities to reduce the pentavalent dropout rate to 5%.
- Strengthening the technical capacity of the national EPI team, with an emphasis on the cold chain, logistics, surveillance, and monitoring and evaluation.

- Ensuring the availability of domestic funding for the introduction of the human papillomavirus (HPV) vaccine during the first year of introduction, in more than one cohort.
- Preparing a plan for the Effective Vaccine Management (EVM) assessment.
- Integrating the Vaccination Supplies Stock Management System (VSSM) with the Logistics Management of Essential Drugs and Medical Supplies (SALMI) Subsystem and the Logistics Management Information System (SIAL) in order to strengthen data quality and decision-making.
- Adopting an updated immunisation law consistent with the needs of the programme.
- Strengthening the active epidemiological surveillance system for better decision-making.
- Reactivating the Interagency Coordinating Committee (ICC) to hold periodic technical advisory meetings on programme improvements and to assume an active role in intervention.
- Improving the coordination of programme interventions in a comprehensive manner, with a view toward strengthening the health system.
- Guaranteeing the budget allocation and increase for the EPI at the departmental and municipal level.

3.1.2. NVS future plans and priorities

- Starting in 2017, the HPV vaccine will be introduced into the national immunisation schedule targeting children aged 9 to 12 during the first year of implementation.
- Gavi support for the introduction of the HPV vaccine will consist of 50% of the doses for a cohort of girls. A Gavi decision regarding access to the vaccine at a preferential price to cover other cohorts is pending.

3.2. Health systems strengthening (HSS) support

3.2.1. Strategic focus of HSS grant

The Sector Development Plan 2010-2020 promotes the coordination of Functional Integrated Health Service Networks (REFISS) and the strengthening of prioritised programmes such as the EPI.

Bolivia has benefited from resources for safe immunisation since 2004. The Government of Bolivia supported the introduction of the new rotavirus vaccine in 2008, the pneumococcal vaccine in 2014, and the inactivated polio vaccine in 2016. During this period, the government has complied with Gavi's requirements in terms of co-financing for vaccines and related supplies as well as operational and programmatic aspects.

The government reaffirms its commitment to the country's children by offering free, timely EPI vaccinations of the highest quality in order for the Bolivian children to realise their right to health, with protection against the 14 diseases covered by the national immunisation schedule.

The government guarantees the sustainability of the interventions through strategies framed by national policies to strengthen the health system, such as the allocation of financial, technical, operational and administrative resources.

The HSS grant makes provisions for the maternal and child healthcare component; hence, support measures contribute to the decrease in mortality among these vulnerable groups. The HSS funding contributes to the skills development of health personnel in 37 priority municipalities with the implementation of the overall life cycle approach; quality improvement for healthcare services, vaccinations and immunisation equity; and strengthening of the cold chain through the procurement of refrigerators.

Another point to note is that within activities designed to strengthen participative management and social control (municipal health boards), the support of community authorities was obtained to request immunisation resources from autonomous municipal governments, with the active participation of the civil society.

Data gathered between 1998 and 2003 for the 2003 National Health Survey (ENDSA) revealed a maternal mortality rate of 229 deaths per 100,000 live births.

According to the 2011 National Study on Maternal Mortality, officially presented during the first half of 2016, Bolivia's maternal mortality rate declined to 160 deaths per 100,000 live births. This decline demonstrates the significant progress made through the implementation of policies that strengthen primary healthcare and the REFISS, with external technical cooperation from partners such as Gavi.

3.2.2. Grant performance and challenges

<p>Programme performance and challenges</p> <ul style="list-style-type: none"> • Bolivia's 2011 maternal mortality rate was 30% lower than the 2003 rate, representing a significant step forward in implementation of policies aimed at strengthening the health system. • The execution of funding for the Gavi-HSS project was conducted in an effective and efficient manner, in keeping with current regulations and based on budget execution control policies. Accounting records were in compliance with the Annual Operational Plan (AOP), with 84.4% of funds executed. • The Bolivian government's counterpart fund implementation rate reached 92% in 2015. • No liquidity problems were encountered in 2015, which facilitated administration of the Gavi-HSS project. • Difficulties were encountered in funding availability during the closing period of the project because operating expenses for this stage were not considered. • Ensuring the availability of funds for the closing stage of future grants is important to ensure implementation of planned activities. • Constant turnover of Gavi-HSS project personnel has hampered the implementation and continuity of activities. • High staff turnover in the health system does not allow for supervision and monitoring of training processes or the strengthening of response capacity in priority municipalities. • There is positive recognition of the contribution made by the Gavi-HSS project – with its focus on maternal and child healthcare – which provides significant support for priority municipalities and strengthening of the REFISS. • Improved coordination with the EPI for future grants is needed in order to boost coverage, thereby strengthening the health system.
<p>Financial performance and challenges:</p> <ul style="list-style-type: none"> • A budget of Bs. 2,122,582.00 was submitted for 2015, with a total of Bs. 1,792,320.70 (84.44%) executed for the following: staff services, Bs. 1,105,359.36 (52.8%); materials and supplies, Bs. 221,061.34 (10.41%); and medical and biomedical equipment, Bs. 465,900.00 (21.95%), with payment made from the 2014 floating debt. • The budget for the 2016 closing period is Bs. 335,431.97, of which Bs. 100,996.86 (30.11%) has been executed. • Insufficient coordination for the dissemination of the 2014 Final External Audit Report prepared by Gavi in order to validate observations. • Submission of the 2014-2015 external audit reports to Gavi until October 2016. • Availability of additional funds for unanticipated project management activities.

3.2.3. Describe any changes to HSS funding and plans for future HSS applications

<ul style="list-style-type: none"> • Based on consultations with and the priorities of the Ministry of Health, as well as evaluations conducted by Gavi, a Gavi grant totalling US\$ 3,294,790 is proposed for the 2016-2017 period. This will serve to strengthen the links between the REFISS and improve immunisation services, focusing on 10 priority municipalities that account for 40.4% of children under 1 year or age and 20% of the health service networks. There are three proposed objectives: 1) to strengthen EPI cold chain capacity; 2) to strengthen EPI operational services in an integrated manner to ensure the prevention and control of VPDs; and 3) to strengthen participative management, social control and communication/project management.
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3.3. Transition planning

<ul style="list-style-type: none"> • Funds allocated for various activities will be executed during the 2016-2017 period due to a delay in the approval of funds. • Support activity will shift to the completion of family health folders to develop a nationwide socio-demographic study in order to adjust denominators. • A dry storage facility for syringes and other supplies will be constructed at the national EPI.
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- Technical support for the introduction of the HPV vaccine in the country will be incorporated.
- A national EPI evaluation will be performed using Gavi resources and national funds (December 2016).

3.4. Financial management of all cash grants

<p>1. Health systems strengthening (Gavi-HSS)</p> <ul style="list-style-type: none"> • Financial investment to achieve strategic interventions in priority municipalities enabled the successful completion of activities planned in the AOP, reflecting an improvement over the last two years of the project. • The Gavi-HSS project was originally planned for three years but was continued for seven years, making it difficult to achieve the proposed objectives because cash support proved insufficient. • There were no further requests or changes to the US\$ 2,093,231 budget initially requested on the 2008 application form. • Reliability testing performed by the Ministry of Health's Internal Audit Unit supported improvements to the project's internal controls. • The Gavi-HSS team is formulating a response to the recommendations of the external audit commissioned by Gavi in 2014. This response will be forwarded to the Ministry of Health's Directorate of Administrative Affairs by 31 July 2016. • The Gavi-HSS project complied with the use of funding for activities framed by the project's strategic objectives, which focuses on health systems strengthening and maternal and child healthcare services in 37 priority municipalities, including the following: provision of medical and biomedical equipment to priority municipalities and REFISS referral services in the project's area of intervention, skills building of health personnel in maternal and child care and immunisation, and strengthening of participative management and social control in health (a fundamental component of Bolivia's SAFCI policy).
<p>2. Support for the introduction of new vaccines (PAHO/WHO)</p> <ul style="list-style-type: none"> • Support in the form of a grant totalling US\$ 222,500 was received for the introduction of the IPV; as of 31 December 2015, \$1,980 (0.9%) was executed. The vaccine was officially introduced in February 2016.

4. UPDATE OF FINDINGS FROM THE PREVIOUS JOINT APPRAISAL (REVIEW USING PREVIOUS 2014 GAVI-HSS TEAM AND NATIONAL EPI REPORT)

Prioritised strategic actions from previous joint appraisal / HLRP process	Current status
1. Financial management evaluation	Gavi conducted a programme capacity assessment in February 2016.
2. EVM assessment	The assessment will be conducted in November 2016 with funding from external cooperation sources.
3. Formal confirmation of the path chosen by the country for Transition Plan fund flow	Funds will be disbursed and administered by PAHO/WHO Bolivia. Funds will be executed by the national EPI, which will make adjustments to some of the plan's activities.
4. Presentation of accounts for new vaccine introduction activities	Grant 387004, Injection Safety, in the amount of US\$ 873,000, concluded in December 2015 with 99.7% execution rate. Grant 387009, Immunisation Services Support, in the amount of US\$ 287,500, concluded in December 2015 with 99.9% execution rate. Grant 387012, Rotavirus Vaccine Introduction, in the amount of US\$ 100,000,

	<p>concluded in December 2015 with 97% execution rate.</p> <p>Grant 387017, Pneumococcal Vaccine Introduction, in the amount of US\$ 238,000, concluded in December 2015 with 86% execution rate.</p> <p>Grant 387028, IPV Introduction, in the amount of US\$ 222,500; as of 31 December 2015, \$1,980 was executed (0.9%); support expires in December 2016, and the amount is expected to be used in full.</p>
5. Follow-up to the legal actions brought by the Public Prosecutor against the companies involved in the acquisition and refurbishing of the first refrigerated vehicle to obtain its prompt release	The Public Prosecutor's Office resolved that the refrigerated truck would be released pending administrative procedures for its operation.

5. PRIORITISED COUNTRY NEEDS¹

Prioritised needs and strategic actions	Associated timeline for completing the actions	Does this require technical assistance?* (yes/no) If yes, indicate type of assistance needed.
Support for the organisation of initial activities to implement the Transition Plan	November 2016-May 2017	Yes
Strengthening of the EPI Communication and Social Mobilisation Plan	January-July 2017	Yes
Support for cold chain procurement processes to ensure compliance with implementation steps	January-July 2017	Yes
Development and distribution of a manual for epidemiological surveillance of VPDs	January-March 2017	Yes
Workshops to disseminate the manual for epidemiological surveillance of VPDs	April-June 2017	Yes
Data quality assessment (WHO methodology)	July-December 2017	Yes
Monitoring and supervision of partners for HSS 2 implementation	2017-2018	Yes

**Technical assistance is not applicable for countries in final year of Gavi support*

¹ Subsequent planning and discussions on Targeted Country Assistance will take place; detailed guidance on the process will be shared in May 2016.

6. ENDORSEMENT BY ICC, HSCC OR EQUIVALENT AND ADDITIONAL COMMENTS

<p>Brief description of how the joint appraisal was endorsed by the relevant national coordination mechanism</p>	<ul style="list-style-type: none"> • Following the health minister's call for the ICC to meet, the head of the EPI submitted a presentation on the difficulties, challenges and successes achieved with Gavi support. • The stakeholders asked questions or expressed their concerns; once these were addressed and clarified the presentation and the 2015 Joint Appraisal Report were approved.
<p>Issues raised during debrief of joint appraisal findings to national coordination mechanism</p>	<p>No problems were encountered during the presentation of the 2016 joint appraisal. The debrief highlighted the significant progress made by the immunisation programme with support from external cooperation.</p>
<p>Any additional comments from:</p> <ul style="list-style-type: none"> • Ministry of Health • Gavi Alliance partners • Gavi Senior Country Manager 	<p>The Ministry of Health and Gavi partners were requested to continue to support the country's NVS and HSS initiatives.</p>

7. ANNEXES

Annex A. Description of joint appraisal process

1. Receipt of relevant documents and updated templates.
2. Gavi and PAHO/WHO WDC plan a joint appraisal mission to Bolivia.
3. Gavi-HSS project and national EPI personnel prepare documents and written materials.
4. There is coordination via email to make arrangements for the arrival of the mission.
5. The Ministry of Health, Gavi, in-country partners and the Ministry of Economy and Public Finance are called together to conduct the joint appraisal, which is managed by the highest executive authority of the Ministry of Health.
6. Preparation and discussion of the final version of the joint appraisal document occurs during a three-day workshop, followed by review and approval by the ICC.
 - a) This process includes interested parties in Bolivia (national EPI, Gavi-HSS project, the Programme and Project Management Unit – UGESPRO, the General Directorate of Administrative Affairs – DGAA, the Directorate General of Planning – DGP, the Budget Office, and the Directorate General of Health Services – DGSS) and Gavi partners, such as UNICEF and PAHO/WHO.
 - b) There is a presentation of joint appraisal conclusions and recommendations from the PCA, grant management requirements, additional findings, follow-up to recommendations from the external audit commissioned by Gavi in 2014 (reimbursement of unjustified expenses – FSSI, flexibility and implementation of the recommendations), the Transition Plan and next steps.
 - c) Debates and analyses of performance, priorities, challenges and financial management from the 2008-2015 grant are conducted based on the country's current processes and the results of the grant performance framework are submitted to Gavi through the online country portal.
 - d) Review meetings on recommended actions from the 2015 Joint Appraisal, including monitoring responsibilities and scheduled dates were amended.
7. The ICC is called upon to approve the process and the 2016 Joint Appraisal Report.
8. The Ministry of Health chairs the presentation of the joint appraisal in the ICC.
9. The final report is approved and signed.

Annex B: Changes to the transition plan

Proposed changes	Rationale for changes	Related cost (US\$)	Source of funding for amended activities	Implementation agency	Expected result
Funds allocated for various activities will be executed during the 2016-2017 period.	Delay in approval of funds	0	Gavi	EPI/PAHO	Optimise budget execution
Shift support activity to the completion of family health folders.	Development of a nationwide socio-demographic study in order to adjust denominators	0	Gavi	EPI	Improve population denominators
Construct a dry storage facility for syringes and other supplies at the national EPI.	Availability of adequate space to handle syringes and other supplies	0	Gavi	EPI	Adequate storage space
Incorporate technical support for the introduction of HPV in the country.	Strengthen the skills of operations staff in the handling of the vaccine.	0	Gavi	EPI/PAHO	Improved staff knowledge
A national EPI evaluation will be performed using Gavi resources and national funds (December 2016).	Review progress and identify corrective measures	0	Gavi	EPI/PAHO	Barriers and corrective actions identified for improvements